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Antegrade Recanalisation of Coronary Chronic Total Occlusions with the Child-in-mother Catheter

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Objectives: Percutaneous treatment of coronary chronic total occlusions (CTO) remains one of the major challenges in interventional cardiology. The strategies of recanalisation in CTO have changed drastically due the development of new techniques such as the child-in-mother catheter (Heart Rail®). In this single-centre experience we sought to analyze the success rates with the use of the child-in-mother catheter (Heart Rail®), the complication rates.
Methods: In this single-centre observational study, we analyzed the prospectively entered data of 38 consecutive patients, undergoing percutaneous coronary intervention (PCI) for CTO in 45 lesions between June 2011 and Jan 2014.
Results: The lesion-related success rates were 95.6%. The in-hospital complications were low and comparable with conventional PCI data.
Conclusions: A high degree of success (95.6%) with low in-hospital complications comparable with conventional PCI data can be expected in the hands of the child-in-mother catheter (Heart Rail®). A second try with the child-in-mother catheter (Heart Rail®) after antegrade failure should be considered.

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Predictive Values of SYNTAX Scores and clinical SYNTAX Scores in Patients Undergoing Percutaneous Coronary Intervention for Complicated Coronary Artery Disease

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Objectives: By studying the predictive values of syntax score and clinical syntax score to predict major adverse cardiac and cerebral events among patients with complicated coronary artery disease undergoing percutaneous coronary intervention. To compare the predictive values of SYNTAX Scores and clinical SYNTAX Scores in patients undergoing percutaneous coronary intervention for complicated coronary artery disease. Provide clinical basis for patients with three vessel or left main coronary artery disease to choose appropriate reascularization.
Methods: A total of 180 patients with left main/three vessel lesion undergoing PCI in the first affiliated hospital of kunming medical university from March 2009 to August 2010 were retrospectively analyzed. SYNTAX score and clinical SYNTAX score were retrospectively calculated for every enrolled patient. MACCE were followed up by telephone. Our clinical endpoint focused on MACCE, a composite of death, nonfatal myocardial infarction (MI), stroke and repeat revascularizatio. Compare the value of SYNTAX score and clinical SYNTAX score to predict MACCE.
Results: (1) MACCE rates of low (≤22), intermediate (23—32),and high (≥33) tertiles according to SYNTAX score were 15.7%,20%,32% respectively. The difference between intermediate score group and low score group was not statistically significant (P=0.931). The difference between high score group and low score group was statistically significant (P=0.032). The difference between intermediate score group and high score group was statistically significant (P=0.029). This demonstrate that syntax score can pridict MACCE. SYNTAX score and diabetes mellitus were identified as an dependment pridictors of MACCE in Cox univariate analysis (P<0.05). (2) MACCE rates of low (≤20.1), intermediate (20.2—29.6), and high (≥29.7) tertiles according to clinical SYNTAX score were 11%,15%,33%,respectively.The difference between intermediate score group and Low score group was not statistically significant (P=0.593). The difference between high score group and low score group was statistically significant (P=0.041). The difference between intermediate score group and high score group was statistically significant P=0.038. This demonstrate that clinical syntax score can pridict MACCE. Clinical SYNTAX score and diabetes mellitus were identified as an dependment pridictors of MACCE in Cox univariate analysis (P<0.05). (3) The syntax score pridicted MACCE with an area under the receiver operator curve of 0.66. The clinical syntax score pridicted MACCE with an area under the receiver operator curve of 0.61. Clinical SYNTAX score failed to show better predictive ability than the SYNTAX score in this group of patients.
Conclusions: (1) Both syntax score and clinical syntax score are independent predictor of MACCE for Complex coronary hearth disease patients after PCI. Both syntax score and clinical syntax score can predict the prognosis of patients with complex coronary heart disease after PCI. (2) Clinical SYNTAX score failed to show better predictive ability than the SYNTAX score in this group of patients.

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The thrombus suction technique application in delayed PCI in acute myocardial infarction

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Objectives: to Observe thrombus suction (PT) in acute myocardial infarction (AMI) delayed PCI intraoperative of infarction related artery (IRA) high load the clinical effect of thrombus.
Methods: all patients admitted to hospital with no emergency PCI indications, some patients in basic-level hospitals has thrombolysis treatment. Patients were randomly divided into PT + PCI group (n = 13 including 9 occlusion lesions, not occluded lesion 4 people) and pure PCI group (n = 14 occluded lesion 8 people, not occluded lesion 6 people).PT + PCI group of conventional PTCA methods selection guide catheter, guide wire through pathological changes after the thread directly into the Diver suction catheter to the lesion site, repeatedly for suction to thrombus shadow disappeared or significantly reduced, and then directly placing stents or conventional PTCA method after placement. Simple routine PCI group by balloon dilatation (PTCA) after placing stents or direct placement; Results: PT + PCI group immediately after sucking the thrombus shadow disappeared or significantly reduced, recovery, the flow within the infarction area of myocardial tissue reperfusion group were superior to pure PCI. Another stent occlusion patients found that PT + PCI group number and total length than pure PCI group decreased,
Results: PT + PCI group immediately after sucking the thrombus shadow disappeared or significantly reduced, recovery, the flow within the infarction area of myocardial tissue reperfusion group were superior to pure PCI. Another stent occlusion patients found that PT + PCI group number and total length than pure PCI group decreased,
Conclusions: PT treatment is a simple and effective method of intravascular thrombosis, can effectively reduce the infarction related intravascular thrombus load, improve immediate postoperative myocardial perfusion and reduce the occurrence of no reflow phenomenon; Line of PT and occluded lesion patients postoperative blood vessels of criminals is clearer, better choose stents (size, length and quantity), may reduce the number and total length of stent placement.

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Safety and Effectiveness of Rivaroxaban in Patients with Acute Coronary Syndrome undergoing Percutaneous Coronary Intervention

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Objectives: To evaluate the safety and effectiveness of rivaroxaban as used in patients with acute coronary syndrome undergoing percutaneous coronary intervention. Rivaroxaban has been studied as an alternative to low-molecular-weight heparins (LMWH) during percutaneous coronary intervention (PCI).
Methods: The study involved 98 ACS patients admitted between June 2012 and December 2013 to our hospital, 52 cases were randomly divided into rivaroxaban group (10mg po Qd), 46 cases were arranged to low-molecular-weight heparins sodium (clexane, 0.4ml H q12h). We estimated relative risks of blood ransfusion, repeated PCI and in-hospital death.
Results: The incidence of blood transfusion and repeated PCI were similar between rivaroxaban and LMWH group (47% vs 52%, P>0.05; 18% vs 21%, P>0.05). We observed a risk of in-hospital death of 0.63% in the rivaroxaban group and 2.1% in LMWH group (P<0.05), the adjusted HR was 0.42 (0.36-0.58).
Conclusions: We observed a reduction in short-term mortality for patients treated with rivaroxaban compared with LMWH. The mortality benefit was more pronounced in rivaroxaban.

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Single balloon expansion also enhance the rate of final kissing expansion after the branch stent with CRUSH technology

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Objectives: whether can complete the kissing expansion in bifurcation lesions with double stenting has a direct impact on the prognosis, Classic CRUSH technology final kissing rate is lower. DK crush technique significantly improves the final kissing rate, but the process of surgical is a bit cumbersome, to this end, we did some simplified, First kissing expansion was changed to a single balloon dilatation (Single balloon single kissing SBSK crush). A retrospective analysis the center datas of using the DK crush and SBSK crush technology to deal with bifurcation lesions, to investigate the reliability and efficacy of the SBSK crush technology.
Methods: 56 cases of hospitalized patients undergoing percutaneous coronary intervention (PCI) were admitted in the Second Hospital of Shanxi Medical University from June 2005 to September 2012, including 40 cases of male, female 16 cases. Age (63±11) ; 26 cases of patients with DK crush technique to complete the double bifurcation lesion stenting group (DK Group), the major were completed before 2010, in which, lesions of 18 cases were the left anterior descending (LAD) + D1, 6 cases were circumflex artery + OM ,2 cases were right coronary artery + sharp marginal branch.. 30 cases of patients with SBSK crush technique to complete the